From: Office OF Women's Health

Subject: July 2002 Women's Health Update from the CDC/ATSDR

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Save the Date!! CDC/ATSDR Women's Health Conference, October 7-9, 2002, Atlanta, Georgia. http://www.cdc.gov/od/spotlight/wmconf/index.htm

What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at <a href="mailto:ma

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ARTICLES, REPORTS AND OTHER DOCUMENTS

- 1. Trends in Spina Bifida and Anencephalus in the United States, 1991-2001 This Health e-stat provides an 11-year trend for two neural tube defects, spina bifida and anencephalus. After a significant increase in the rate from 1992 to 1995 there was a significant decline from 1995 to 1998. The rate was stable from 1999 to 2001. The rates for 1999, 2000, and 2001 were significantly lower than in 1997. The rate of spina bifida in 2001 was 20.09 per 100,000 live births. In 1992 the U.S. Public Health Service recommended that women of childbearing age increase consumption of the vitamin folic acid to reduce spina bifida and anencephalus. http://www.cdc.gov/nchs/products/pubs/pubd/hestats/spine_anen.htm
- 2. Cigarette Smoking Among Adults ― United States, 2000
 The report reveals that in 2000, 70 percent of adult smokers in the United States wanted to quit, and as many as 41 percent had stopped smoking for at least one day during the preceding year in an effort to quit. Among those who had ever smoked, the percentage of those who had quit was low

among some populations. For racial and ethnic groups, the percentage of smokers who had quit was highest for whites at 51 percent and lowest for non-Hispanic blacks at 37.3 percent. Nearly half of the smokers above the poverty line had quit. Barely a third of smokers below the poverty line had quit. The prevalence of smoking was higher among men than women. In 2000, an estimated 44.3 million adults were former smokers, representing 24.7 million men and 19.7 million women. During 1993-2000, substantial decreases in current smoking prevalence were reported for all age groups, except those aged 18-24 years. Persons aged 18-24 years and those aged 25-44 years continued to have the highest smoking prevalence; these age groups made little progress toward achieving the national health objectives.

Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5129a3.htm
PDF version (page 642) - http://www.cdc.gov/mmwr/PDF/wk/mm5129.pdf

3. Prenatal Screening is Most Effective Strategy to Prevent Newborn Strep B Infections Routine screening for group B streptococcus late in pregnancy is the most effective way to prevent transmission of the bacteria from mother to child during delivery. The data were published in the July 25, 2002 issue of the New England Journal of Medicine (NEJM). Guidelines issued in 1996 to prevent transmission of the bacteria from mother to newborn recommend that health care providers use one of two methods. The new data show that the prenatal screening method was more than 50 percent more effective in preventing transmission than the clinical risk factor method. The new guidelines will be published in the CDC Morbidity and Mortality Weekly Report. Group B streptococcal disease remains a leading infectious cause of illness and death among newborns in the United States, resulting in approximately 1,600 illnesses and 80 deaths each year. Press Release - http://www.cdc.gov/od/oc/media/pressrel/r020724b.htm

Press Release - http://www.cdc.gov/od/oc/media/pressrel/r020724b.htm
NEJM Web site - http://content.nejm.org/cgi/content/short/347/4/233

4. Cohabitation, Marriage, Divorce and Remarriage in the United States

By age 30, three-quarters of women in the U.S. have been married and about half have cohabited outside of marriage. The report also finds that unmarried cohabitations overall are less stable than marriages. The study focuses not only on individual factors but also community conditions associated with long-term marriages as well as divorce and separation. The study also examines conditions associated with cohabitation, including the impact that pre-marital cohabitation has on marriage and marital stability. The findings are based on interviews conducted in 1995 with nearly 11,000 women 15-44 years of age.

Press Release - http://www.cdc.gov/od/oc/media/pressrel/r020724.htm
PDF document (5.5 MB) - http://www.cdc.gov/nchs/data/series/sr 23/sr23 022.pdf

5. High Blood Pressure Fact Sheet

Among people with high blood pressure, 31.6% don't even know they have it. About 1 in 4 American adults have high blood pressure. High blood pressure affects about 1 in 3 African Americans, 1 in 5 Hispanics and Native Americans, and 1 in 6 Asians/Pacific Islanders. High blood pressure increases the risk for heart disease and stroke.

http://www.cdc.gov/nccdphp/cvd/fs-bloodpressure.htm

6. Cholesterol Fact Sheet

Studies among people without heart disease have shown that lowering cholesterol can reduce the risk for developing heart disease, including heart attacks and deaths related to heart disease. Cholesterol, a waxy, fat-like substance found in the body, is needed for the body to function normally. When there is too much cholesterol in the body-because of diet and the rate at which the cholesterol is processed-it is deposited in arteries, including those of the heart, which can lead to narrowing of the arteries and heart disease.

http://www.cdc.gov/nccdphp/cvd/fs-cholesterol.htm

7. Registry to Assess Health Effects from WTC Collapse

ATSDR will assist the New York City Department of Health and Mental Hygiene in creating a registry of people who may have been exposed to the World Trade Center site, either from working, living, or cleaning up in the area affected by the disaster. The registry will follow the health of the 100,000-200,000 people exposed to substances emanating from the collapse and cleanup of the World Trade Center to help determine whether their exposure has any relationship to short- or long-term health problems they may experience. The registry is expected to launch in late fall 2002. http://www.atsdr.cdc.gov/NEWS/wtcregistry 07082002.html

8. Injury Research Agenda

A blueprint to prevent injuries and their resulting disabilities, deaths, and costs, CDC's Injury Research Agenda identifies CDC's highest priorities for each area-those research issues that CDC must address to fulfill its public health responsibilities.

http://www.cdc.gov/ncipc/pub-res/research_agenda/agenda.htm

9. Trends in Medications in Office-Based Practices, 1985-99

A new study shows that physicians are prescribing medications to their patients at a far greater rate than they did just two decades ago. In fact, the prescription rate rose 34 percent between 1985 and 1999, from 109 to 146 prescriptions per 100 visits, according to a federal study in the journal Health Affairs. The increase in drug mentions(including prescription drugs, over-the-counter preparations and immunizations) cuts across all age groups and all physician specialties except general surgeons, cardiologists, and dermatologists. But six areas accounted for 80 percent of the increase in the overall drug mention rate: central nervous system drugs, hormones, respiratory drugs, pain relief drugs, metabolic/nutrients, and cardiovascular-renal drugs. Only about 20 percent of the observed increases can be attributed to an aging population.

Health Affairs journal Press Release - http://www.healthaffairs.org/press/julaug0203.htm

10. Hysterectomy Surveillance - United States, 1994-1999

From 1994 through 1999, an estimated 3,525,237 hysterectomies were performed among U.S. women aged >15 years, and the overall hysterectomy rate for U.S. female, civilian residents was 5.5 per 1,000 women. Although statistically significant increases for hysterectomy rates were observed from 1994 (5.1/1,000) through 1998 (5.8/1,000), the increase was limited and the curve remained nearly flat. Women aged 40-44 years had a significantly higher hysterectomy rate compared with any other age group. During the study period, 52% of all hysterectomies were performed among women aged <44 years. Uterine leiomyoma, endometriosis, and uterine prolapse were the most frequent diagnoses for women aged >15 years. Hysterectomy is the second most frequently performed surgical procedure, after cesarean section, for women of reproductive age in the United

States. Approximately 600,000 hysterectomies are performed annually in the United States, and approximately 20 million U.S. women have had a hysterectomy.

Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5105a1.htm

PDF version - http://www.cdc.gov/mmwr/PDF/ss/ss5105.pdf

11. Update: AIDS - United States, 2000

This report describes changes in AIDS incidence, prevalence, and deaths among persons with AIDS during January 1996-December 2000. Surveillance data indicate a slowing of declines in new AIDS diagnoses, continued declines in deaths among persons with AIDS, and increases in the number of persons living with AIDS. Of the estimated 69,775 adult and adolescent women living with AIDS, 40,051 (57%) were exposed through heterosexual contact, and 27,475 (39%) were IDUs.

Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5127a2.htm
PDF version (p. 592) - http://www.cdc.gov/mmwr/PDF/wk/mm5127.pdf

12. Infant Mortality and Low Birth Weight Among Black and White Infants - United States, 1980-2000

This report describes trends in mortality and birth weight among black and white infants, which indicate persistent black-white disparities and underscore the need for prevention strategies that reduce preterm delivery and specific medical conditions that lead to infant death. The findings of this report indicate that although infant mortality has decreased among all races during the past two decades, the overall black-white gap for infant mortality has widened.

Fact sheet - http://www.cdc.gov/od/oc/media/pressrel/fs020712.htm

Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5127a1.htm

PDF version - http://www.cdc.gov/mmwr/PDF/wk/mm5127.pdf

13. HIV Infections in U.S. Newborns Decline 80 Percent Since 1991

CDC researchers report an estimated 80 percent decline in the number of infants born with HIV infection in the United States during the last decade. This decline, presented at the XIV International AIDS Conference represents a tremendous success in reducing the toll of HIV infection in the United States. However, study authors stress that, despite this progress, eliminating mother-to-child HIV transmission will prove increasingly difficult as the number of women living with HIV infection in the U.S. continues to grow.

Press Release - http://www.cdc.gov/od/oc/media/pressrel/r020707b.htm

14. AIDS Cases Remain Stable After Recent Declines

U.S. AIDS cases and HIV infections appear roughly stable overall; however, the overall stability may be masking increases in HIV infections among some populations of heterosexuals as well as gay and bisexual men. During the seven-year period examined, the majority of HIV diagnoses occurred among gay and bisexual men (43 percent), followed by individuals infected heterosexually (27 percent) and injecting drug users (23 percent). Among the heterosexual HIV diagnoses, African-American women accounted for almost 50 percent of cases. Among gay and bisexual men, white men (52%) and African-American men (40%) represented the vast majority of reported HIV diagnoses.

Press Release - http://www.cdc.gov/od/oc/media/pressrel/r020707.htm

15. Preventing Mother-to-Child HIV Transmission: Thailand

In the first year of Thailand's national program to prevent mother-to-child (perinatal) HIV transmission, more than two-thirds of HIV-infected expectant mothers who had prenatal care also received short-course zidovudine (ZDV) to prevent HIV transmission to their newborns, and nearly nine in 10 infants at risk of infection received prophylactic ZDV treatment after birth. The program is the first to be implemented nationwide in a developing country, and has reached more than 500,000 pregnant women to date.

Press release - http://www.cdc.gov/od/oc/media/pressrel/r020706.htm

16. Use of Dietary Supplements

Use of dietary supplements in the United States appears to be growing, including the use of herbal medicines. Approximately 40 percent of the population 2 months of age and older were taking a vitamin, mineral, or other type of dietary supplement during the month prior to being interviewed in the National Health and Nutrition Examination Survey (NHANES III). Females were more likely to take supplements than males (44 percent of females versus 35 percent of males). Supplement use ranged from 30 percent for males in their 20s to 42 percent for males 80 years of age and older, and ranged from 42 percent for females in their 20s to 55 percent for females 80 years of age and older. Some of the reasons people give for taking supplements include: to improve nutrition, to make up for nutrients missing in the food supply, to decrease susceptibility to or severity of disease, or to increase energy or improve performance. Another factor that may contribute to the increased interest in using dietary supplements is scientific evidence linking diets high in certain nutrients with a reduced risk of certain diseases.

PDF version (135 KB) - http://www.cdc.gov/nchs/about/major/nhanes/databriefs/dietary.pdf

17. Youth Risk Behavior Surveillance - United States, 2001

In the United States, approximately three fourths of all deaths among persons aged 10-24 years result from only four causes: motor-vehicle crashes, other unintentional injuries, homicide, and suicide. Several findings from the survey: Female students (10.3%) were significantly more likely than male students (5.1%) to have been forced to have sexual intercourse. Overall, female students (34.5%) were significantly more likely than male students (21.6%) to have felt sad or hopeless almost every day for >2 weeks. Female students (23.6%) were significantly more likely than male students (14.2%) to have considered attempting suicide. Female students (17.7%) were significantly more likely than male students (11.8%) to have made a suicide plan. Female students (11.2%) were significantly more likely than male students (6.2%) to have attempted suicide. Female students (21.1%) were significantly more likely than male students (14.9%) to report birth control pill use. Female students (68.4%) were significantly more likely than male students (51%) to have exercised to lose weight or to avoid gaining weight.

Press release - http://www.cdc.gov/od/oc/media/pressrel/r020627.htm
Telebriefing transcript - http://www.cdc.gov/od/oc/media/transcripts/t020627.htm
Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm
PDF version - http://www.cdc.gov/mmwr/PDF/ss/ss5104.pdf
Additional info - http://www.cdc.gov/nccdphp/dash/yrbs/info results.htm

18. Vessel Sanitation Program

If you are planning a cruise, find out how the ship you plan to vacation on scored on it's sanitation inspection. The inspection focuses on the ship's water supply, spas and pools, food, employee

hygiene, ship condition, and training programs. Every vessel that has a foreign itinerary, carries 13 or more passengers, and calls on a U.S. Port is subject to unannounced twice-yearly inspections and, when necessary, to reinspection by Vessel Sanitation Program (VSP) staff. Because of several major disease outbreaks on cruise vessels, the CDC established the VSP in the early 1970s as a cooperative activity with the cruise ship industry.

http://www.cdc.gov/nceh/vsp/default.htm

UPCOMING CDC CONFERENCES

19. First National Conference of the National Center on Birth Defects and Developmental Disabilities, September 17-19, 2002, Atlanta, GA.

The theme for the conference is "Honoring the Past and Framing the Future."

http://www.cdc.gov/ncbddd/conference.htm

20. CDC/ATSDR Women's Health Conference, October 7-9, 2002, Marriott Marquis Hotel, Atlanta, GA.

The theme of the conference is "Advancing the Health of Women: Prevention, Practice and Policy". In this $2\prod$ day conference, general and concurrent sessions will provide opportunities to expand your knowledge on women's health issues and increase your effectiveness in helping women live healthier lives.

http://www.cdc.gov/od/spotlight/wmconf/index.htm

- 21. National Asthma Meeting: Living Well with Asthma, October 23-25, Atlanta, GA This CDC-sponsored meeting is open to all and will provide a forum for (1) increasing knowledge about asthma prevention and control, (2) providing guidance on establishing and maintaining an effective asthma surveillance and intervention program, (3) interacting with colleagues from across the country, and (4) assessing future directions for CDC's asthma and respiratory activities. http://www.cdc.gov/nceh/airpollution/asthma/2002mtg.htm
- 22. 8th Annual Maternal/Child Health Epidemiology Conference, December 11-13, Clearwater Beach, FL

Maternal and Child Health (MCH) Epidemiology conference organizers invite you to join MCH professionals in sharing experiences, enhancing knowledge, and generating new ideas for improved MCH data use and informed policymaking.

http://www.cdc.gov/nccdphp/drh/02_mchepi.htm

23. Nat'l Conf. on Chronic Disease Prevention & Control, February 19-21, 2003, St. Louis, MO The theme is "Gateway to Lifelong Health: The Community Connection" and the conference will be held at the Millennium Hotel St. Louis, 200 South 4th Street, St. Louis, Missouri 63102-1804. Abstracts due by 6:00 p.m., September 6, 2002.

http://www.cdc.gov/nccdphp/conference/index.htm

24. Safety in Numbers: Working Together From Research into Practice, April 28-29, 2003, Atlanta, GA

At the Hyatt Regency Hotel in Atlanta, GA. Sponsored by CDC's Injury Center, this conference seeks to bring together researchers and practitioners to strengthen injury prevention. Abstracts must be received or postmarked no later than September 12, 2002. http://www.cdc.gov/ncipc/conference/abstract.htm

25. National HIV Prevention Conference, July 27-30, 2003, Atlanta, GA. Save the date. http://www.2003hivprevconf.org/

HEALTH OBSERVANCES/CAMPAIGNS

26. VERB

VERB, a national \$190 million multicultural media campaign designed to promote a healthier lifestyle for kids was launched in mid-July. The "VERB: It's What You Do" Youth Media Campaign (YMC) will use television, radio spots and the Internet to reach youth all across the country. The campaign encourages 9-13 year olds, known in marketing terms as "tweens" to find a VERB (such as run, paint, sing, bowl, etc.) or several VERBs that fit their personality and interests. The campaign then encourages tweens to use "their VERB" as a launching pad to become active and involved and to make regular physical activity and healthy behaviors a lifetime pursuit. Children who are engaged in positive activities are better able to meet the demands of daily physical activity, gain greater self-esteem, confidence and discipline, school achievement, social connectedness and positive family relationships than their sedentary peers.

http://www.cdc.gov/od/oc/media/pressrel/r020717.htm

27. Cool Down For A Healthy Summer

Although every summer we hear about athletes, children, the elderly, and others becoming ill or dying from exposure to heat, this year doesn't have to be the same. You can beat the heat by taking specific steps to protect yourself and others.

http://www.cdc.gov/nceh/hsb/extremeheat/2002spotlight.htm

28. The Got A Minute Campaign

Every day, 6,000 youth try cigarettes for the first time-and one out of three smokers will die from the addiction. Preteens who report they regularly eat meals, follow a family calendar, and discuss free-time activities with their parents are less likely to smoke. And more likely to live longer, healthier lives. This brochure offers tips on staying connected with your child and protecting a future generation against tobacco-related disease.

http://www.cdc.gov/tobacco/educational materials/parenting/gotaminbrochure.htm

29. National Immunization Awareness Month (NIAM), August

Each year, this commemorative month increases awareness about immunization across the lifespan as parents and children prepare for the return to school, and the medical community begins preparations for the upcoming flu season. NIAM provides an opportunity to create positive messages for the media and to highlight local, grassroots immunization initiatives. http://www.cdc.gov/nip/

National Partnership Web site - http://www.partnersforimmunization.org/niam.html

30. World Breastfeeding Week, September 23-27, 2002

This year's theme, Breastfeeding: Healthy Mothers and Healthy Babies, underscores the urgent need to protect, promote, and support the health and well-being of mothers as well as the need to protect, promote, and support breastfeeding, for healthier babies and children. http://www.cdc.gov/nccdphp/dnpa/breastfeeding.htm

CDC SPONSORED TRAINING/CONTINUING EDUCATION

31. Selected Presentations from the Data Users Conference

This conference emphasized data activities and their relationship in addressing today's health issues. Selected presentations are in Powerpoint and PDF format. Topics include the National Survey of Family Growth, measuring disparities in health, vital statistics, state trends in women's health, and many others.

http://www.cdc.gov/nchs/ducpresentations.htm

32. Immunizations Update 2002, August 15, 9:00 AM or 1:00 PM EDT

These live satellite broadcasts will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include: recent Advisory Committee on Immunization Practices recommendations for the use of smallpox vaccine; revised *General Recommendations on Immunization*; influenza vaccine (including new recommendations for vaccination of healthy children); immunization registries; recent vaccine safety issues and other topics. Each 2.5 hour broadcast will feature a question and answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines.

http://www.phppo.cdc.gov/PHTN//imm2002/default.asp

33. Working with Communities for Environmental Health, September 12, 1:00-3:00 PM ET This live, interactive satellite broadcast is designed to provide useful tools that can help professionals improve their ability to effectively address environmental and public health concerns. A question and answer session will enable participants nationwide to pose questions to panelists via toll free telephone, fax, or TTY lines. http://www.phppo.cdc.gov/phtn/envedu/

34. A New Era In Newborn Screening - Saving Lives, Improving Outcomes Join us for this live satellite broadcast, as we hear stories from four families whose children's lives were saved from life-threatening diseases by newborn screening, early diagnosis, and effective management. Learn how these children have thrived through actions taken by informed parents working with medical care teams.

http://www.phppo.cdc.gov/phtn/Newborn/default.asp

35. Applied Epidemiology, September 30-October 25

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "International Course in Applied Epidemiology," during September 30-October 25, 2002, in Atlanta, Georgia. The course is directed at public health professionals from countries other than the United States and will include presentations and discussions of epidemiologic principles, basic statistical analysis, public health surveillance, field investigations, surveys and sampling, and discussions of

the epidemiologic aspects of current major public health problems in international health. Included are small group discussions of epidemiologic case exercises based on field investigations. Text version - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5117a8.htm

36. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be on Wednesday, August 14. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site - http://www.uic.edu/sph/cade/mchepi/meetings/

GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit: http://www.cdc.gov/od/pgo/funding/grantmain.htm.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

- 37. Collaborative Efforts to Prevent Child Sexual Abuse [Program Announcement 02124]. The purpose of this program is to create statewide prevention collaboratives to promote the development and implementation of child sexual abuse prevention programs that focus on adult or community responsibility and response in the prevention of perpetration, rather than focusing solely on the prevention of victimization. Assistance will be provided only to: 1. The health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments; or 2. An agency or organization with state-wide reach and expertise in the primary and/or secondary prevention of child maltreatment or sexual assault prevention. These agencies/organizations could be governmental or nongovernmental. Only one application per state will be funded. State-level agencies and organizations are encouraged to collaborate in the submission of a single state application. Approximately \$400,000 is available in FY 2002 to fund approximately 2 awards. It is expected that the average award will be \$200,000, ranging from \$150,000 to \$250,000. Application Deadline: August 19, 2002. http://www.cdc.gov/od/pgo/funding/02124.htm
- 38. War-Related Mental Health and Trauma Assessment Program [Program Announcement 02109]. The purpose of this program is to conduct innovative assessments of mental health and trauma related morbidity in complex emergency affected countries. This program will help to establish an

improved understanding of the burden of war-related trauma and mental health morbidity in refugee populations, and how these effects may be mitigated. The insights gained from this program will be useful in development of violent injury and prevention programs for universal application. Assistance will be provided to university-based organizations or organizations with significant research capacity, including faith-based organizations. Eligible organizations will have: 1. Three years expertise in refugee health, landmine/war-related injuries, mental health and psycho-social trauma related to conflict, in at least four international settings. 2. Three years experience in conducting mental health and trauma related studies in populations affected by war and displacements in at least two less developed countries. 3. A history of publication in peer-reviewed literature in the fields of psycho-social trauma and mental health related to war in less developed countries. Approximately \$250,000 is available in FY 2002 to fund up to two awards. The average award will be \$75,000 to \$150,000. Application Deadline: August 9, 2002. http://www.cdc.gov/od/pgo/funding/02109.htm

39. Cooperative Agreement for Development of the National Violent Death Reporting System (NVDRS) [Program Announcement 02059]

The purpose of the program is to begin establishing state violent death information collection systems that will form the basis of NVDRS. The purpose of NVDRS is to generate public health surveillance information at the national, state, and local levels that is more detailed, useful, and timely than is currently available. This information will help develop, inform, and evaluate violence prevention strategies at both state and national levels. Measurable outcomes of the program will be in alignment with one or more of the following performance goals: 1. Reduce the risk of youth violence. 2. Reduce violence against women. 3. Enhance the capacity of states to implement effective rape prevention and education programs. 4. Increase external input on the research priorities, policies, and procedures related to the extramural research supported by CDC. 5. Provide online access to injury prevention data. 6. Improve the uniformity, quality, and accessibility of emergency department data for public health surveillance in several states; ultimately developing the capacity to improve data in all states through development of guidelines, recommendations, or technical assistance. Assistance will be provided only to the health departments of states or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and the federally recognized Indian tribal governments. In consultation with States, assistance may be provided to political subdivisions of States. Approximately \$1.2 million is available in FY 2002 to fund approximately five awards. It is expected that the average award will be \$240,000, ranging from \$150,000 to \$220,000 for states with up to 800 cases of violent death in calendar year 2000 and from \$220,000 to \$320,000 for states with greater than 800 cases of violent death in 2000. At least one applicant from each funding range will be funded. Application Deadline: August 19, 2002. http://www.cdc.gov/od/pgo/funding/02059.htm

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CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.